

the medical history field 24 of the patient record. The medical history view 44 may provide horizontal and vertical scrollable bars to allow the user to selectively scroll to view all the displayed fields in each medical event subrecords and all the medical event subrecords. The medication schedule view 46 provides a calendar display of a medication schedule, i.e., when to take prescribed medication, which is derived from the prescription subrecords 26a-26n in the medication schedule field 26 of the patient record 18i. Next to each scheduled medication dosage is a check box, e.g., check box 52, in which the patient can indicate that they took the scheduled dosage. Further, an alarm can be set to activate at the time of the scheduled dosage to alert the user of the scheduled event.

Please replace the paragraph starting on page 8, line 25 with the following rewritten paragraph.

The medication schedule view 46 shows a daily schedule of when to take medicine during the indicated day. View 48 is an example of a weekly view, in which a cell for each day of a week is displayed. The cells that include a block indicate a scheduled event, such as medication to take or a doctor appointment. Selection of the blocked cell may cause the display of a daily schedule providing further details of the scheduled event. A monthly schedule would provide a grid displaying a cell for each day of the month. A marker would be placed in the cell indicating an event scheduled for that day. Selection of the day cell would cause the display of a daily schedule providing details of scheduled events for the day.

Please replace the paragraph starting on page 10, line 17 with the following rewritten paragraph.

FIG. 4 illustrates logic implemented in the patient desktop software 12 to manipulate a patient record 18i and, in particular, handle the display and modification of information displayed in the views 42-50. The patient desktop software 12 would display in GUI panels on the display

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of the patient computer 4 the data displayed in the views 42-50 described with respect to the patient PDA 2. However, when the patient computer 4 is a desktop or laptop system, it has a display that is capable of displaying more information than the patient PDA 2, and thus the layout of the views 42-50 would be different than the layout shown with views 42-50 displayed on the patient PDA 2 as shown in FIG. 3. With respect to FIG. 4, control begins at block 100 with the patient desktop software 12 establishing a communication link with a patient PDA 2 and downloading a patient record. A password may be required to access a patient record. The patient computer 4 then reads the patient record (102) over the communication link 10 into memory. Alternatively, the patient desktop software 12 may read the patient record from a storage location in the patient computer 4. After reading the patient record 18i into memory, the patient desktop software 12 displays (at block 104) a main menu of selectable views, such as shown in main menu view 40 in FIG. 3.

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Please replace the paragraph starting on page 12, line 15 with the following rewritten paragraph.

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FIG. 5 illustrates logic implemented in the physician software 14 to interact with the patient PDA 2 and obtain and update a patient record 18i, and display views of the patient record. The physician software 14 performs many of the same operations as the patient desktop software 12 to interact with the patient PDA 2 and display views of the patient record 18i, with a few exceptions (blocks 200, 202, 204, 206, 208, 210, 212, 214, 216, 218, 220, 222, 224, 226). One difference is that when displaying the appointment view, the physician software 14 displays (at blocks 210 and 212) appointments in the subrecords for all the patient records 18i in the patient database 18 as well as the appointments the current patient has with other physicians. This ensures that the physician staff member scheduling the appointment will not schedule an appointment that conflicts with appointments both the physician and patient have already made. Further, unlike the patient software 12 and 16, the physician software 14 allows the physician to modify prescription subrecords 26a-26n to electronically write patient prescriptions. In further